Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			School Year 2004- 2005 Oue to School Clerk June 1				
Elementary District Re	esponsible for Re	eimbursing the (Contract			County	<u> </u>	Legal Entity	
Davey Elem						Hill		0424	
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract		County		Legal Entity	
Is this contract shar □ yes □ no	ed between e	lementary and	d high scho	ol?		l			
Are you applying fo	r isolation stat	us? Yes	□ No			dent Name	Oakaal	Orașile	
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MC/	A, provides for in					School	Grade	
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation comn	nittee, and th			dent Name	School	Grade	
Check here only if incr District Trustees and t		sportation Comr	nittee.	pproved by the	Stud	dent Name	School	Grade	
Elem District Approval		□ no			Stud	dent Name	School	Grade	
HS District Approval County Approval		□ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Carilla French					Pre	-kindergarten/Kinder	narten		
Physical Address (s	street address	only):					☐ 2nd Semester Only	□ Both Semesters	
						DERGARTEN/PRE			
Distance from home Elementary 13.2	e to nearest so HS 0	chool (one wa	y)		by t	his contract:		ge students also covered days per week days per week	
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kin To o	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week	
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to be	covered by th	is contract.		adlines: RENTS: Due to Sch	aal Clark luna 1		
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ooi Cierk June 1.		
	Total	Total	Total	Total	CLE files		I to County Supt by July	/ 1, retain a copy for your	
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send original	I to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.			
Room & Board							EIMBURSEMENT RA		
Correspondence						(i oi disi	rict, county and Or i	use offiy)	
Reg. Contingency						Reimb	ursement rate is determ	 nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	n parent (pare	nt name)			anı	d school district (dist	rict name)		
	i paroni (paro)						, , , , , , , , , , , , , , , , , , , ,	
(county name) The parties agree as follow				•		I to as the District(s)			
insured driver will t	transport the stude	nts. Mileage conti	racts are valid	only when transportation	on for the dista	ince reported on the contra			
transported for the	past semester.		•				·	nber of days the student(s) was	
						the information accompany chool, whichever occurs first			
Elementary School	District	Chair, Boar	rd of Truste	es				Date	
Davey Elem High School District	t	Chair, Boar	rd of Truste	es				Date	
		1	l attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		1 41165	נ נוומנ נווכ מטטעפ	ioimati01	ino true and confect.	Date		
orginature - i arciil Or	-uui uiaii						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the (Contract			County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity
Havre H S						Hill		0428
Is this contract shar □ yes □ no	ed between el	ementary and	high school	ol?				
Are you applying for	r isolation stati	us? □ Yes	□ No		Stu	dent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for in	ncreased reir	nbursement	Stu	dent ivame	301001	Craue
rates for special circun increased rates, individ	nstances of isola	ation of residence	e. In order t	o receive	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				proved by the	Stu	dent Name	School	Grade
District Trustees and the	-	sportation Comn Initi			Stu	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	□ no □ no						Craue
County Approval yes no Parent or Guardian Name: (Please Print)					Gra	<u>S CONTRACT IS FO</u> des 1-12		
Cathie A. Bradbury					□ 1	st Semester Only	 2nd Semester Onl 	y Both Semesters
Physical Address (s		only):				-kindergarten/Kinder Lst Semester Only		y □ Both Semesters
						DERGARTEN/PRE		, = 20 cococ
Distance from home	to nearest so	hool (one way	<i>(</i>)		Kin	dergarten child ride	es <u>with</u> other school-	age students also covered
Elementary 0	HS 30	moor (one wa	y)		To	this contract: or from Bus Stop	times per day, _	days per week
Distance from home		ıs stop, if any	(one way)		Kin	dergarten child ride	es without other scho	days per week
Elementary 0	HS 6.5				To o	or from Bus Stop or from School	times per day, _	days per week days per week
□ Contract is for o	, ,						umoo por day, _	aayo por wook
Students in Each Grade Lo				· · ·	PAI	adlines: RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files	S		
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					СОР		EIMBURSEMENT RA	٨ΤΕ
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimbi	ursement rate is deterr	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
				<u> </u>				
Agreement betweer	n parent (parei	nt name)			, an	d school district (distr	rict name)	,
(county name)				County, hereinaf	ter referred	to as the District(s).		
	ansport or provide t							lian assures that a licensed and
	, the District shall p					ance reported on the contractification by the teacher or pro-		mber of days the student(s) was
The payment shall	be computed on th	nd of the school ye	ar or when the	student(s) is no longe		the information accompany chool, whichever occurs firs		
Elementary School	District	Chair, Boar	d of Truste	es				Date
High School District Havre H S		Chair, Boar	d of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County		Legal Entity	
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Cont	ract	(County		Legal Entity	
Havre H S					ŀ	Hill		0428	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying fo			□ No		Studen	nt Name	School	Grade	
(If yes, please attaction isoLATION: Section	h explanation)) A, provides for i	increased reir	nbursement	Stude	it Name	301001	Grade	
rates for special circur increased rates, indivi- trustees of the district,	nstances of isola dual circumstand the county trans	ation of residen- ces must be rev sportation comr	ce. In order to viewed and apmittee, and the	o receive oproved by the	Studer	nt Name	School	Grade	
Public Instruction. (10. Check here only if incr	·	, and the second	· ·	uproved by the	Studer	nt Name	School	Grade	
District Trustees and t		sportation Com		proved by the					
Elem District Approval HS District Approval		□ no			Studer	nt Name	School	Grade	
County Approval	□ yes	□ no				CONTRACT IS FO s 1-12	OR:		
Parent or Guardian Name: (Please Print)						Semester Only	□ 2nd Semester Onl	y Both Semesters	
Ila McClenahan		I. A.				ndergarten/Kinder			
Physical Address (s	street address	only):			□ 1st	Semester Only	□ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 25 e to nearest bu HS 7 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinde by this To or f To or f Kinde To or f To or f To or f	rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop from School from School Illines: NTS: Due to Sch	times per day,times per day,es without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week	
Dogular Trans	Total	Total	Total	Total	files.	N3. Sena ongina	i to County Supt by Jui	y 1, retain a copy for your	
Regular Trans Spec. Ed. Trans					COUN copy fo	ITY SUPERINTEN or your files.	NDENTS: Send origina	al to OPI by July 10, retain a	
Room & Board						RI	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	trict, county and OPI	use only)	
Reg.						5 · -			
Contingency Spec. Ed. Contin.						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (pare	nt name)						, , , , , , , , , , , , , , , , , , , ,	
(county name) The parties agree as follow				•		as the District(s)			
insured driver will	transport the stude	nts. Mileage cont	racts are valid of	only when transportation	on for the distance	e reported on the contra	ct actually occurs.	dian assures that a licensed and mber of days the student(s) was	
transported for the	past semester.	•	•		·	information accompan	•	moor or days the studential was	
	terminate at the er	nd of the school ye		student(s) is no longe		ol, whichever occurs firs		Date	
High School District		ĺ	rd of Truste					Date	
Havre H S			Lotton	t that the above	information is	true and correct			
Signature - Parent or	Guardian		ı alles	t triat trie above	mnomnation is	true and correct.	Date		
							1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Havre H S					Hill		0428
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	h explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and applittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
		□ no	tials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	y □ 2nd Semester Only	y Both Semesters
Joyce Donoven Physical Address (s	troot addraga	anh di			Pre-kindergarten/Kin		
Physical Address (s	ireet address	Offiy).				y 2nd Semester Only REKINDERGARTEN:	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board	HS 0 to nearest bu HS 4.5 ne-way only	us stop, if any	/ (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School Deadlines: PARENTS: Due to S CLERKS: Send orig files.	times per day,times per day,times per day,times per day,times per day,times per day, School Clerk June 1.	days per week days per week y 1, retain a copy for your Il to OPI by July 10, retain a
Correspondence					(For	district, county and OPI	
Reg. Contingency Spec. Ed. Contin.					Rei	mbursement rate is detern 20-10-142, MCA.	nined by
Agreement between (county name) The parties agree as follow	. "	nt name)		County, hereinaf	, and school district (,	,
The parent shall trainsured driver will trainsured driver will trainsured and June, transported for the The payment shall	ransport or provide ransport the stude the District shall past semester. be computed on the	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation approved in the application and in Section 20-10-1	or bus stop on the days when school on for the distance reported on the cotion upon certification by the teacher 42, MCA, and the information accomer enrolled in school, whichever occur	intract actually occurs. or principal of the school of the null panying this contract.	
Elementary School I			ard of Truste				Date
High School District Havre H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and corre	ct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ro	^ +	-

	Box 202501 na, MT 59620)-2501			School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	esponsible for Re	eimbursing the	Contract		County			Legal Entity	
High School or K-12 D	Notrict December	ble for Deimbu	raina tha Can	troot	County			Legal Entity	
	istrict Responsi	bie ioi Reillibu	ising the Con	liaci	County				
Havre H S	ad batwaan a	lamantan, an	d bigh saba	ol?	Hill			0428	
Is this contract shar ☐ yes ☐ no	ed between e	iementary an	ia nign scho	OI?					
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mbursement	Student Name		School	Grade	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name		School	Grade	
Check here only if inconstruct Trustees and t	eased payment	due to isolatio	n has been ap	pproved by the	Student Name		School	Grade	
Elem District Approval		□ no	itials		Student Name	!	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS CONTRA	ACT IS FOI	<u>₹:</u>		
Parent or Guardian Name: (Please Print)					Grades 1-12 □ 1st Semest	er Only	□ 2nd Semester Only	y Both Semesters	
Sandra Spinner Physical Address (s		only):			Pre-kindergart □ 1st Semest		arten □ 2nd Semester Only	y □ Both Semesters	
Distance from home Elementary 0	chool (one wa	ay)		Kindergarten by this contra	child rides		ge students also covered days per week		
Distance from home Elementary 0	e to nearest bu HS 4	us stop, if any	y (one way)		To or from Sch Kindergarten	nool child rides	times per day, _ s without other scho	days per week	
☐ Contract is for o							unico per day, _	days per week	
Students in Each Grade L	evel - Only include	•	be covered by th	is contract.	Deadlines: PARENTS: D	ue to Scho	ol Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Ser	nd original t	o County Supt by July	y 1, retain a copy for your	
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
•					copy for your f				
Room & Board Correspondence							MBURSEMENT RA		
Reg.									
Contingency Spec. Ed. Contin.						Reimbui	sement rate is detern 20-10-142, MCA.	nined by	
Agreement between	n parent (pare	nt name)			, and school di	strict (distri	ct name)	,	
(county name)				County hereinaf	ter referred to as the l	District(s)			
The parties agree as follow		transportation for		•		. ,	ession. The parent or guard	ian assures that a licensed and	
In March and June	, the District shall	nts. Mileage con pay the parent the	tracts are valid of e sum officially a	only when transportation only when transportation in the application i	on for the distance reported of tion upon certification by the	on the contract teacher or prir	actually occurs. ncipal of the school of the nur	mber of days the student(s) was	
transported for the 3. The payment shall	be computed on t	he basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the informatio	n accompanyir	g this contract.		
Elementary School			rd of Truste		r enrolled in school, whichev	er occurs tirst.		Date	
High School District	t	Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	nformation is true and	d correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			e to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity	
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Cont	tract		County		Legal Entity	
Havre H S						Hill		0428	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation) 20-10-142, MCA	A, provides for in			Stud	ent Name	School	Grade	
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be revi sportation comm	ewed and ap nittee, and th	oproved by the		ent Name	School	Grade	
Check here only if incr District Trustees and the		sportation Comn	nittee.	proved by the	Stud	ent Name	School	Grade	
Elem District Approval		Initi □ no	als 		Stud	ent Name	School	Grade	
HS District Approval yes no County Approval see no Parent or Guardian Name: (Please Print)						CONTRACT IS FO	DR:		
Parent or Guardian Name: (Please Print)						es 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Sandy Young				Pre-l	kindergarten/Kinder	garten			
Physical Address (s	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home Elementary 0 Distance from home Elementary 0	HS 26.5	•	,		Kind by th To o To o Kind To o	nis contract: r from Bus Stop r from School ergarten child ride r from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ool-age students: days per week days per week days per week	
Contract is for o							unics per day, _	days per week	
Students in Each Grade L	evel - Only include		covered by th	is contract.		idlines: ENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July 10, retain a	
					copy for your files.				
Room & Board Correspondence							EIMBURSEMENT Rarict, county and OPI		
Reg. Contingency						Reimb	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and	school district (dist	rict name)	,	
(county name) The parties agree as follow	10:			County, hereinaf	fter referred	to as the District(s).			
 The parent shall tra 	ansport or provide					the days when school is in		dian assures that a licensed and	
 In March and June transported for the 	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the applica	ation upon certif	cation by the teacher or p	rincipal of the school of the nu	imber of days the student(s) was	
This contract shall	terminate at the er	nd of the school ye	ar or when the	student(s) is no longe		ne information accompany nool, whichever occurs firs		I Date	
Elementary School		Chair, Boar						Date	
High School District Havre H S	•							Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	sox 202501 na, MT 59620	-2501		Du	ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		<u> </u>	Legal Entity	
Havre Elem					Hill			0427	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County			Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student Name		School	Grade	
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	A, provides for			otadoni Hamo		3011001	Olddo	
rates for special circum increased rates, individ					Student Name		School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre	·	J	ŕ	proved by the	Student Name		School	Grade	
District Trustees and th		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Elem District Approval HS District Approval		□ no □ no			Student Name		School	Grade	
County Approval	□ yes	no			THIS CONTRA Grades 1-12	ACT IS FOR	<u>R:</u>		
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semest	er Only	□ 2nd Semester Only	y Both Semesters	
Carol Pleninger					Pre-kindergart	en/Kinderga	arten		
Physical Address (s	treet address	only):			☐ 1st Semeste	er Only	□ 2nd Semester Only	y	
							NDERGARTEN:	(
Distance from home		hool (one wa	ay)		by this contra	ict:		ige students also covered	
Elementary 5.5	HS 0				To or from Bus	Stop	times per day, _ times per day	days per week	
Distance from home Elementary 0	to nearest bu	is stop, if any	y (one way)		Kindergarten	child rides	without other scho	days per week ol-age students:	
,					To or from Sch	ool	times per day, _	days per week days per week	
☐ Contract is for or Students in Each Grade Le	, ,	the students to h	ne covered by th	is contract	Deadlines:				
	Pre-K	к	1-8	9-12		ue to Schoo	ol Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Ser	nd original t	o County Supt by Jul	y 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans					COUNTY SUP copy for your f		DENTS: Send original	I to OPI by July 10, retain a	
Room & Board					copy for your i		MOLIDOCIMENT D	ATE .	
							MBURSEMENT RA		
Correspondence							•		
Reg. Contingency						Reimbur	sement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	narent (narei	nt name)			and school di	etrict (dietri	ct name)		
	r parent (paren	it riame)					st name)	, , , , , , , , , , , , , , , , , , , ,	
(county name) The parties agree as follow				•	ter referred to as the l	, ,		:	
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transportation	on for the distance reported of	on the contract	actually occurs.	ian assures that a licensed and mber of days the student(s) was	
transported for the	past semester.				42, MCA, and the informatio			liber of days the student(s) was	
	terminate at the er	d of the school y		student(s) is no longe	r enrolled in school, whichev			Date	
Havre Elem		,							
High School District		Chair, Boa	ard of Truste	८ ऽ				Date	
			I attes	t that the above i	nformation is true and	d correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962			chool Year 2004- 2005 e to School Clerk June 1				
Elementary District Responsible for R	Reimbursing the Contra	act	County	·	Legal Entity		
Havre Elem			Hill		0427		
High School or K-12 District Respons	ible for Reimbursing t	he Contract	County		Legal Entity		
Is this contract shared between € □ yes □ no	elementary and high	n school?					
Are you applying for isolation sta (If yes, please attach explanation ISOLATION: Section 20-10-142, MC	1)	No	Student Name	School	Grade		
rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar Public Instruction. (10.7.116 ARM pro	lation of residence. In nces must be reviewed reportation committee	order to receive I and approved by the and the Office of	Student Name	School	Grade		
Check here only if increased paymen District Trustees and the County Trar	t due to isolation has I	peen approved by the	Student Name	School	Grade		
Elem District Approval	Initials □ no □ no		Student Name	School	Grade		
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Plea	se Print)		☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Cindy LaBuda			Pre-kindergarten/Kindergarten				
Physical Address (street address	s only):		☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
			KINDERGARTEN/PRE				
Distance from home to nearest s	chool (one way)		by this contract:		age students also covered		
Elementary 4.5 HS 0			To or from Bus Stop	times per day,	days per week		
Distance from home to nearest be Elementary 0 HS 0	ous stop, if any (one	way)	Kindergarten child ric To or from Bus Stop	des <u>without</u> other scho	days per week col-age students: days per week days per week days per week		
☐ Contract is for one-way only			To or from School	times per day,	days per week		
Students in Each Grade Level - Only includ	e the students to be cover	red by this contract.	Deadlines:				
Pre-K	K 1	-8 9-12	PARENTS: Due to Sc	hool Clerk June 1.			
Total	Total To	tal Total	CLERKS: Send origin files.	al to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans			COUNTY SUPERINTE	:NDENTS: Send origin:	al to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.				
Room & Board				REIMBURSEMENT R strict, county and OP			
Correspondence							
Reg. Contingency			Reim	bursement rate is deter	mined by		
Spec. Ed. Contin.				20-10-142, MCA.			
		· · · · · · · · · · · · · · · · · · ·					
Agreement between parent (pare	ent name)		, and school district (dis	strict name)	,		
(county name)		County, hereinafte	er referred to as the District(s	s).			
			or bus stop on the days when school is		dian assures that a licensed and		
In March and June, the District shall transported for the past semester.	pay the parent the sum of	fficially approved in the applicat	n for the distance reported on the contri ion upon certification by the teacher or	principal of the school of the nu	umber of days the student(s) was		
This contract shall terminate at the example of the shall terminate at the example.	end of the school year or v	when the student(s) is no longer	12, MCA, and the information accompa enrolled in school, whichever occurs fi		I Data		
Elementary School District Havre Elem	Chair, Board of	ırustees			Date		
High School District	Chair, Board of	Trustees			Date		
	<u> </u>	I attest that the above in	nformation is true and correct				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Du	e to School Cler	k June 1		
Elementary District Re	sponsible for Re	eimbursing the	e Contract		Count	V		Legal Entity
	•	· ·				,		
Havre Elem High School or K-12 D	istrict Responsi	ole for Reimbu	ursing the Con	tract	Hill Count	v		0427 Legal Entity
3			3			,		
				10				
Is this contract share □ yes □ no	ed between e	ementary ar	nd high scho	ol?				
Are you applying for	isolation stat	us? □ Yes	□ No		Otrodo et No		0-11	Overde
(If yes, please attac	h explanation)			Student Na	me	School	Grade
ISOLATION: Section rates for special circum	nstances of isola	ation of reside	nce. In order t	to receive	Otrodo et No		0-11	Overde
increased rates, individe trustees of the district,					Student Na	me	School	Grade
Public Instruction. (10.					Children No		Cabaal	Crada
Check here only if incr				oproved by the	Student Na	me	School	Grade
District Trustees and th	ne County Trans		nmittee. iitials		Otrodo et No		0-11	Overde
Elem District Approval HS District Approval		□ no □ no			Student Na	me	School	Grade
County Approval						TRACT IS FO	OR:	
Parent or Guardian	e Print)			Grades 1-1 □ 1st Sem		□ 2nd Semester Onl	y □ Both Semesters	
Heidi Nystrom						,		,
Physical Address (s	treet address	only):				jarten/Kinder ester Onlv	gaπen □ 2nd Semester Onl	y □ Both Semesters
					KINDEDO	, , DTEN/DDE	KINDED O A DTEN	,
							<u>KINDERGARTEN</u> : es with other school-a	age students also covered
Distance from home Elementary 18	to nearest so HS 0	chool (one w	ay)		by this cor	ntract:		_
•					To or from	School	times per day, _	days per week days per week
Distance from home Elementary 4	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergart	en child ride	es <u>without</u> other scho	ol-age students:
•					To or from	School	times per day, _ times per day, _	days per week days per week
□ Contract is for o								•
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadline PARENTS:	: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				
	Iotai	TOLAI	TOTAL	Total	files.	Send origina	i to County Supt by Jui	y 1, retain a copy for your
Regular Trans					COLINTY	LIDEDINTER	IDENTS: Condition	al ta ODI hu lulu 40 matain a
Spec. Ed. Trans					copy for yo		NDENTS: Send ongina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	ATE
Nooni & Board							rict, county and OPI	···-
Correspondence						()	, , ,	,
Reg.						Reimh	ursement rate is deterr	mined by
Contingency						IZCIIID	20-10-142, MCA.	Initia by
Spec. Ed. Contin.								
Agreement betweer	n parent (pare	nt name)			, and schoo	l district (dist	rict name)	······································
(county name)				County hereinaf	ter referred to as t	ha Dietrict(e)		
The parties agree as follow	VS:	transportation fo		-				dian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage co	ntracts are valid	only when transportation	on for the distance repor	ted on the contra	ct actually occurs.	mber of days the student(s) was
transported for the	past semester.		•				·	miser of days the student(s) was
This contract shall	terminate at the er	nd of the school	year or when the	student(s) is no longe	42, MCA, and the inform r enrolled in school, whi	chever occurs fire	ying tills contract. st.	Dete
Elementary School Havre Elem	District	Chair, Bo	ard of Truste	ees				Date
High School District		Chair, Bo	ard of Truste	es				Date
						d		
Oi-mark to E	O		I attes	t that the above i	nformation is true	and correct.	I Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Du	e to School Clerk Jun	ie 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		County		Legal Entity		
Havre Elem					Hill		0427		
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		3333.	3.443		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstance the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes □	no	itials		Student Name	School	Grade		
County Approval					THIS CONTRAC Grades 1-12	T IS FOR:			
Parent or Guardian	Name. (Pleas	e Pilili)			☐ 1st Semester	Only 2nd Semester	Only Both Semesters		
Jane Warp Physical Address (st	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lean Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	times per date to School Clerk June 1. The state of times per date to School Clerk June 1. The state of times per date to School Clerk June 1. The state of times per date to School Clerk June 1. The state of times per date to School Clerk June 1. The state of times per date times per d	days per week da		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on th terminate at the en	ransportation fo nts. Mileage cor ay the parent th the basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a	County, hereinal of and from the school only when transportation of the application of th	iter referred to as the Dis or bus stop on the days when so on for the distance reported on ti	chool is in session. The parent or one contract actually occurs. In the school of the school of the companying this contract.	guardian assures that a licensed and the number of days the student(s) was		
High School District		Chair, Boa	ard of Truste	es			Date		
			l attest	that the above	information is true and c	orrect			
Signature - Parent or	Guardian		i allesi	a. the above	inormation is true and C	Date			
3									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	oue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity	_	
Havre Elem					Hill		0427		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	ract	County		Legal Entity	_	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			otadon Hamo	Concor	Olddo		
rates for special circum increased rates, individ					Student Name	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre	·	, and the second	·	proved by the	Student Name	School	Grade		
District Trustees and th		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		····			
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRAC	CT IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semes	ster Only Both Semesters		
Jolyn Bessette					Pre-kindergarter	n/Kindergarten			
Physical Address (s	treet address	only):			☐ 1st Semester	Only 2nd Semes	ster Only Both Semesters		
					KINDERGARTE	N/PREKINDERGARTE	<u>EN</u> :		
Distance from home		hool (one wa	ay)		by this contrac	t:	chool-age students also covered	נ	
Elementary 25.7	HS 0				To or from Bus S	Stop times pe	er day, days per week er day, days per week		
Distance from home Elementary 6.1	to nearest bu	is stop, if any	(one way)		Kindergarten c	hild rides without othe	er school-age students:		
·					To or from Scho	ol times pe	er day, days per week er day, days per week		
☐ Contract is for o	, ,	the students to h	e covered by th	is contract	Deadlines:				
5,000,000,000				T		e to School Clerk June	1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	I original to County Sup	ot by July 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans					COUNTY SUPE		d original to OPI by July 10, retain a	3	
Room & Board					copy for your me	REIMBURSEME	ENT DATE		
					(1	For district, county ar			
Correspondence									
Reg. Contingency						Reimbursement rate is			
Spec. Ed. Contin.						20-10-142,	MCA.		
								_	
Agreement between	narent (nare	nt name)			and school dist	rict (district name)			
	r paront (paron	(i.i.i.o)					······································		
(county name) The parties agree as follow		rononortation for		•	er referred to as the Di	• •	nt or quardian assures that a licensed and		
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid o	only when transportation	on for the distance reported on	the contract actually occurs.	I of the number of days the student(s) was		
transported for the	past semester.				42, MCA, and the information		dayo ano oladonido) was		
	terminate at the er	d of the school y		student(s) is no longe	r enrolled in school, whichever		Date	_	
Havre Elem		,							
High School District		Chair, Boa	rd of Truste				Date		
			I attes	t that the above i	nformation is true and	correct.		_	
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	0-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity		
Havre Elem						Hill		0427		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?						
Are you applying fo			□ No		Stu	dent Name	School	Grade		
(If yes, please attact ISOLATION: Section			increased rei	mbursement	Otal	John Hamo	3311331	Ciddo		
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	oproved by the	Stud	dent Name	School	Grade		
	-	In	itials		Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	□ no			TUI	S CONTRACT IS EC	ND.			
County Approval Parent or Guardian		no			Gra	THIS CONTRACT IS FOR: Grades 1-12				
		,			□ 1	st Semester Only	□ 2nd Semester Only	√ □ Both Semesters		
Kathy Beck Physical Address (s	treet address	only):				kindergarten/Kinder	garten □ 2nd Semester Only	/ □ Both Semesters		
		• ,				·	Í	_ Both Comedicion		
Distance from home Elementary 12	HS 0				Kind by to	his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered days per week days per week ol-age students:		
Distance from home Elementary 0	HS 0	us stop, ii an	y (one way)		Kin To d To d	dergarten child ride or from Bus Stop or from School	es <u>without</u> other school times per day, _ times per day.	ol-age students: days per week days per week		
□ Contract is for o	, ,									
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.		adlines: RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files	-	I to County Supt by July	1, retain a copy for your		
Regular Trans						I to ODI by July 10, rotain a				
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retail copy for your files.					
Room & Board					REIMBURSEMENT RATE (For district, county and OPI use only)					
Correspondence						(i oi dioi	not, ocumy and or r			
Reg.						 Reimb	ursement rate is determ	nined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
		, ,								
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	······································		
(county name) The parties agree as follows:	ws:			County, hereinaf	ter referred	I to as the District(s).				
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and		
transported for the	past semester.					fication by the teacher or p the information accompany		nber of days the student(s) was		
 This contract shall 	terminate at the er	nd of the school	year or when the	student(s) is no longe	er enrolled in so	the information accompany chool, whichever occurs firs	ring this contract. st.	Dete		
Elementary School Havre Elem			ard of Truste					Date		
High School District	t	Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above i	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June	1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Havre Elem					Hill		0427		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying fo			□ No		Student Name	School	Grade		
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			Stadont Hamo	3311331	Olddo		
rates for special circum increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Student Name	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
District Trustees and the		portation Com			0				
Elem District Approval HS District Approval	•	□ no □ no			Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester On	ly Both Semesters		
Kris Holsapple Physical Address (s	troot addraga	only):			Pre-kindergarten/k				
Physical Address (s	areer address	Offig).			☐ 1st Semester O	nly 2nd Semester On	ly Both Semesters		
					KINDERGARTEN	PREKINDERGARTEN:	age students also covered		
Distance from home Elementary 4	e to nearest so HS 0	hool (one wa	ay)		by this contract:				
•			,		To or from Bus Sto	times per day,times per day,times per day,total	days per week		
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten chil To or from Bus Sto	d rides <u>without</u> other scho	ool-age students: days per week		
□ Contract is for o	ne-way only				To or from School	times per day, times per day,	days per week		
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Deadlines:				
	Pre-K	К	1-8	9-12	PARENTS: Due to	o School Clerk June 1.			
	Total	Total	Total	Total		riginal to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans					copy for your files.	al to OPI by July 10, retain a			
Room & Board					., ,	REIMBURSEMENT R	ATF		
Correspondence					(Fo	r district, county and OPI			
_									
Reg. Contingency					R	teimbursement rate is determated to the second seco	mined by		
Spec. Ed. Contin.						20-10-142, WCA.			
Agreement betweer	n parent (parei	nt name)			, and school distric	t (district name)	,		
(county name)				County. hereinaf	ter referred to as the Distr	ict(s).			
The parties agree as follow		ransportation for		•		ool is in session. The parent or guard	dian assures that a licensed and		
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the tion upon certification by the teach	contract actually occurs. ner or principal of the school of the nu	imber of days the student(s) was		
	be computed on th				42, MCA, and the information acc r enrolled in school, whichever oc				
Elementary School			ard of Truste		. S Shou in Sondon, Willone VCI OC		Date		
Havre Elem High School District	:	Chair, Boa	ard of Truste	es			Date		
			1 -44-	t that the ale '	nformation in two and	ero ot			
Signature - Parent or	Guardian		I attes	t that the above i	nformation is true and cor	rect.			
orginature - i arcill Of	- au aidii					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Signature - Parent or Guardian				Date			
	I atte	st that the above i	information is true and correct.				
High School District	Chair, Board of Trust	ees			Date		
Havre Elem	,						
insured driver will transport the studen 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th	nts. Mileage contracts are valid ay the parent the sum officially be basis of the schedule establi	d only when transportation approved in the application shed in Section 20-10-1 the student(s) is no longe	or bus stop on the days when school is ir on for the distance reported on the contraction upon certification by the teacher or p 42, MCA, and the information accompanier enrolled in school, whichever occurs first	ct actually occurs. rincipal of the school of the nul ring this contract.			
Agreement between parent (parent (county name)	nt name)		, and school district (dist				
Spec. Ed. Contin.				20 10 142, MOA.			
Contingency			Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Correspondence Reg.							
				rict, county and OPI			
Room & Board				EIMBURSEMENT RA	ATE		
Spec. Ed. Trans			COUNTY SUPERINTEN copy for your files.	IDENTS: Send origina	ıl to OPI by July 10, retain a		
Regular Trans			CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Pre-K Total	K 1-8 Total Total	9-12 Total			v 1 retain a copy for your		
Students in Each Grade Level - Only include	the students to be covered by t	this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1			
☐ Contract is for one-way only			To or from School	times per day, _	days per weekdays per week		
Distance from home to nearest bu Elementary 0 HS 0	s stop, if any (one way))	Kindergarten child ride	es <u>without</u> other scho times per day	days per week ol-age students: days per week		
Distance from home to nearest sci Elementary 10 HS 0	hool (one way)		by this contract: To or from Bus Stop	times per day,	days per week		
			KINDERGARTEN/PRE				
Samantha Kolkman Physical Address (street address of	only):		Pre-kindergarten/Kinder 1st Semester Only		y Both Semesters		
	o i ility		☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
County Approval yes Parent or Guardian Name: (Please	□ no		THIS CONTRACT IS FOR: Grades 1-12				
HS District Approval ☐ yes ☐	no		Student Name	School	Grade		
Check here only if increased payment of District Trustees and the County Trans		approved by the	0.1				
Public Instruction. (10.7.116 ARM provi	ides guidelines for such.)		Student Name	School	Grade		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	es must be reviewed and a	approved by the	Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased re		Student Name	301001	Grade		
□ yes□ noAre you applying for isolation statu	us? □ Yes □ No		Student Name	School	Grade		
Is this contract shared between ele	ementary and high scho	ool?	<u> </u>				
Trigit contol of it is blocket tooponois	no for realing and con	midot	Godiny		Logar Linky		
Havre Elem High School or K-12 District Responsib	ole for Reimbursing the Co	ntract	Hill County		0427 Legal Entity		
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity		
Helena, MT 59620	-2501	Du	e to School Clerk June 1				
PO Box 202501			0.1001 1001 2001 2000				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Du	e to School Cler	k June 1				
Elementary District Re	sponsible for Re	eimbursing the	e Contract		Count	<i>V</i>		Legal Entity		
	•	· ·				,				
Havre Elem High School or K-12 D	istrict Responsil	ole for Reimbu	ursing the Con	tract	Hill Count	<i>y</i>		0427 Legal Entity		
J			J • • • • • • • • • • • • • • • • • • •			,				
				10						
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for	isolation stat	us? □ Yes	□ No		Otrodo et No		0-11	Grade		
(If yes, please attac	h explanation))			Student Na	Student Name School				
ISOLATION: Section rates for special circum	nstances of isola	ation of reside	nce. In order t	to receive	Otrodo et No		0-11	Overde		
increased rates, individe trustees of the district,					Student Na	me	School	Grade		
Public Instruction. (10.					Children No		Cabaal	Crada		
Check here only if incr				oproved by the	Student Na	me	School	Grade		
District Trustees and th	ne County Trans		nmittee. iitials		Ot alert Ne		0-11	Overde		
Elem District Approval HS District Approval		□ no □ no			Student Na	me	School	Grade		
County Approval	•	no				TRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 □ 1st Sem		□ 2nd Semester Onl	y □ Both Semesters		
Staci Moore						,		,		
Physical Address (s	treet address	only):				jarten/Kinder ester Onlv	gaπen □ 2nd Semester Onl	y □ Both Semesters		
					KINDEDO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	KINDED O A DTEN	,		
							<u>KINDERGARTEN</u> : es with other school-a	age students also covered		
Distance from home Elementary 18	to nearest so HS 0	chool (one w	ay)		by this cor	ntract:		_		
•					To or from	School	times per day, _	days per week days per week		
Distance from home Elementary 4	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergart	en child ride	es <u>without</u> other scho	ol-age students:		
•					To or from	School	times per day, _ times per day, _	days per week days per week		
□ Contract is for o								•		
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadline PARENTS:	<u>:S:</u> Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total						
	Total	TOLAI	TOTAL	Total	files.	Send origina	i to County Supt by Jui	y 1, retain a copy for your		
Regular Trans					COUNTY	LIDEDINTER	IDENTS: Condition	al ta ODI hu lulu 40 matain a		
Spec. Ed. Trans					copy for yo		NDENTS: Send ongina	al to OPI by July 10, retain a		
Room & Board					REIMBURSEMENT RATE					
Nooni & Board							rict, county and OPI	···-		
Correspondence						,	,	,		
Reg.						Reimh	ursement rate is deterr	mined by		
Contingency						IZCIIID	20-10-142, MCA.	Initia by		
Spec. Ed. Contin.										
Agreement betweer	parent (pare	nt name)			, and schoo	I district (dist	rict name)	······································		
(county name)				County hereinaf	ter referred to as t	na Dietrict(e)				
The parties agree as follow	VS:	transportation fo		-				dian assures that a licensed and		
insured driver will t	ransport the stude	nts. Mileage co	ntracts are valid	only when transportation	on for the distance repor	ted on the contra	ct actually occurs.			
transported for the	past semester.		•				·	mber of days the student(s) was		
 This contract shall 	terminate at the er	nd of the school	year or when the	student(s) is no longe	42, MCA, and the inform er enrolled in school, whi	chever occurs fire	ying this contract. st.	15.		
Elementary School Havre Elem	District	Chair, Bo	ard of Truste	ees				Date		
High School District		Chair, Bo	ard of Truste	es				Date		
			I attes	t that the above i	information is true	and correct.	T = .			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501		Du	e to School Clerk Ju	une 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Cottonwood Ele	m				Hill		0445		
High School or K-12 D		ole for Reimbur	sing the Cont	ract	County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attac			ncreased reir	nbursement	Otadent Name	Concor	Grade		
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	riewed and ap	proved by the	Student Name	School	Grade		
Public Instruction. (10.)	·	, i	ŕ		Student Name	School	Grade		
Check here only if incre District Trustees and the			mittee.	proved by the					
Elem District Approval HS District Approval		□ no			Student Name	School	Grade		
County Approval	□ yes	□ no □ no			THIS CONTRA	CT IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semeste	er Only	Only Both Semesters		
Charles Peterso					Pre-kindergarte	en/Kindergarten			
Physical Address (s	treet address	only):					Only Doth Semesters		
						EN/PREKINDERGARTEN			
Distance from home Elementary 18.4	e to nearest so HS 0	chool (one wa	y)		by this contract	ct:	ool-age students also covered ay, days per week		
Distance from home Elementary 11	e to nearest bu HS 0	us stop, if any	(one way)		To or from Scho Kindergarten o	ool times per d child rides without other s	ay, days per week		
□ Contract is for o	ne-way only				To or from Scho	ool times per d	ay, days per week ay, days per week		
Students in Each Grade Le	, ,	the students to be	e covered by thi	is contract.	Deadlines:				
	Pre-K	К	1-8	9-12	PARENTS: Du	ue to School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Sen files.	d original to County Supt b	y July 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					copy for your fil				
Room & Board						REIMBURSEMENT RATE (For district, county and OPI use only)			
Correspondence						(i or district, county and	Of Fuse offiy)		
Reg. Contingency						Reimbursement rate is d	etermined by		
Spec. Ed. Contin.						20-10-142, MC	CA.		
Agreement betweer	naront (naro	nt nama)			and ashaal dia	strict (district name)			
	i pareiii (parei	nt name)					······································		
(county name) The parties agree as follow				•	er referred to as the D	, ,			
insured driver will t	ransport the stude	nts. Mileage cont	racts are valid o	only when transportation	on for the distance reported or	n the contract actually occurs.	guardian assures that a licensed and		
transported for the	past semester.		•			teacher or principal of the school of accompanying this contract.	the number of days the student(s) was		
	terminate at the er	nd of the school ye		student(s) is no longe	r enrolled in school, whichever		Date		
Cottonwood Elem		,							
High School District		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above i	nformation is true and	correct.	<u> </u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			e to School	2004- 2005 Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the 0	Contract		C	ounty	<u>'</u>	Legal Entity	
Cottonwood Ele	m				ŀ	Hill		0445	
High School or K-12 Di		le for Reimbur	sing the Cont	ract		ounty		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attach	n explanation)				Studer	t Name	School	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstance the county trans	tion of residences must be reversely to the comments of the co	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Studer	t Name	School	Grade	
Check here only if incre District Trustees and th		portation Comr	mittee.	proved by the	Studer	t Name	School	Grade	
Elem District Approval HS District Approval		Initi □ no □ no			Studer	t Name	School	Grade	
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters	
Norman Dyrland					Pre-kir	dergarten/Kinde	rgarten		
Physical Address (s	treet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary 11.3 Distance from home Elementary 9.3 Contract is for or Students in Each Grade Leader Trans Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kinder by this To or f To or f Kinder To or f To or f To ar f To ar f CLERI files.	garten child rice contract: rom Bus Stop rom School garten child rice rom Bus Stop rom School lines: NTS: Due to Scl KS: Send originator TY SUPERINTE Or your files. R (For dis	times per day, times per day, times per day, les without other school times per day, times per day, times per day, lencol Clerk June 1.	days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only)	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on the	ransportation for this. Mileage contray the parent the	the student(s) to racts are valid of sum officially a nedule establish	only when transportation	ter referred to or bus stop on the on for the distance tion upon certifica 42, MCA, and the	days when school is reported on the contr tion by the teacher or information accompar). in session. The parent or guard actually occurs. principal of the school of the nunying this contract.	dian assures that a licensed and umber of days the student(s) was	
Elementary School I Cottonwood Elem	District	Chair, Boar	rd of Truste	es				Date	
High School District Chair, Board of Trustees								Date	
			I attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity	
Cottonwood Ele	m					Hill		0445	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary and	l high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incredit in	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Stephanie Borst Physical Address (s		only):			Pre	-kindergarten/Kinder	garten		
Friysical Address (s	lieel address	Offig).			□ 1	st Semester Only	□ 2nd Semester On	lly Both Semesters	
Distance from home Elementary 11 Distance from home Elementary 11 Contract is for or Students in Each Grade Le	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K	the students to be	(one way)	is contract. 9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School	times per day,	days per week days per week	
December Trans	Total	Total	Total	Iotai	CLERKS : Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.				
Room & Board					•		EIMBURSEMENT R	ATE	
Correspondence						(For dist	rict, county and OP	I use only)	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for tools. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid of sum officially a	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the ni	rdian assures that a licensed and umber of days the student(s) was	
Elementary School Cottonwood Elem		Chair, Boar						Date	
High School District Chair, Board of Trustees								Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Country Legal Entry	PO Box 202501 Helena, MT 59620				ar 2004- 2005 ool Clerk June 1				
High Scolor of x12 Debric Responsible for Reimbursing the Contract Douby Logal Entity Hall O428 Hall	Elementary District Responsible for Re	imbursing the Cor	ntract		County		Legal Entity		
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Kes I No (I yes, please afted explanation) ISOLATION: Section 20-10-124; MCA, provides for increased reimbursement related to explanation of residence. In order to receive make the separation of residence, in order to receive make the separation of residence. In order to receive make the separation of residence. In order to receive make the separation of residence and the order to receive make the separation of residence. In order to receive make the district, the county transportation committee, and the Office of Public Instruction. (I.G.*116 AND promptation Committee, and the Office of Public Instruction. (I.G.*116 AND promptation Committee, and the Office of Public Instruction. (I.G.*116 AND promptation Committee, and the Office of Public Instruction. (I.G.*116 AND promptation Committee, and the Office of Public Instruction. (I.G.*116 AND promptation Committee and the County Transportation Committee. In order to receive make the second of the	Cottonwood Elem				Hill		0445		
Is this contract shared between elementary and high school? yes Are you applying for leolation status? Yes No Black Yes Yes No Are you applying for leolation status? Yes No Check here only in Grade of the status of the s		le for Reimbursing	g the Contract				Legal Entity		
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Contin. Regular Trans Spec. Ed. Trans Room & Board Correspondence Co	Havre H S				Hill		0428		
Student Name		ementary and hi	igh school?						
Solution			□ No	Stu	dent Name	School	Grade		
rates for special circumstances of solution of residence. In order to receive increased rates, widdle circumstances must be reviewed and approved by the provided increased payment due to solution of the Collect of Public Instruction. (10.7.16 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the posterior function of the Collect of t	(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	, provides for incre	eased reimbursemen						
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Student Name	rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	tion of residence. es must be review portation committe	In order to receive yed and approved by ee, and the Office of	<u> </u>	dent Name	School	Grade		
Student Name School Grade Students Name School Grade Students Approval yes no					dent Name	School	Grade		
Parent or Guardian Name: (Please Print)		portation Committe	ee.						
Parent or Guardian Name: (Please Print)	HS District Approval ☐ yes ☐						Grade		
Starla Vaughn									
Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters 1st Semester Only 2nd September 1 2nd September 2nd S		e Print)				2nd Semester Only	□ Both Semesters		
Stance from home to nearest school (one way) Elementary 0		only).					Deth Commenters		
Distance from home to nearest school (one way) Elementary 0 HS 29	Tilysidai Addiese (street addiese (omy).			ist Semester Only	2nd Semester Only	Both Semesters		
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) The parties agree as follows: 1. The parties agree as follows: 1. The parties sage as follows: 1. The parties agree as follows: 1. The parties gree as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 2. This contract shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 2. This contract shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 2. This contract shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 3. This contract shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 3. This contract shall be computed on the school of the school	Distance from home to nearest bu Elementary 0 HS 3.3 Contract is for one-way only Students in Each Grade Level - Only include to	s stop, if any (or	vered by this contract.	Kin by To To Kin To To	by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week Deadlines:				
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	_		-			County Supt by July	1, retain a copy for your		
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)						ENTS: Send original	to OPI by July 10, retain a		
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Spec. Ed. Trans								
Agreement between parent (parent name)	Room & Board								
Agreement between parent (parent name)	Correspondence				(1 of diotile	ic, county and or re	ade drily)		
Agreement between parent (parent name)					Reimburs	sement rate is determ	 ined by		
Agreement between parent (parent name), and school district (district name), (county name)							,		
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Chair, Board of Trustees Date High School District Chair, Board of Trustees Chair, Board of Trustees									
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Cottonwood Elem High School District Chair, Board of Trustees Date Havre H S	Agreement between parent (parer	nt name)		, an	d school district (distric	t name)			
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Cottonwood Elem High School District Chair, Board of Trustees Date Chair, Board of Trustees	(county name)		County. he	ereinafter referred	d to as the District(s).				
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Cottonwood Elem High School District Chair, Board of Trustees Chair, Board of Trustees Date Lavre H S Chair, Board of Trustees Date	The parties agree as follows:	ransportation for the			()	ssion. The parent or quardia	an assures that a licensed and		
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Cottonwood Elem High School District Havre H S Chair, Board of Trustees Date	insured driver will transport the studen	its. Mileage contracts	s are valid only when tra	nsportation for the dista	ance reported on the contract a	ctually occurs.			
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Cottonwood Elem High School District Chair, Board of Trustees Date Havre H S	transported for the past semester. The payment shall be computed on th	e basis of the schedu	ıle established in Section	n 20-10-142, MCA, and	the information accompanying	•	,		
High School District Chair, Board of Trustees Date Havre H S	Elementary School District			no longer enrolled in s	chool, whichever occurs first.		Date		
	High School District	Chair, Board	of Trustees	Date					
	Havre H S		Lattest that the	above information	is true and correct				

Signature - Parent or Guardian Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			e to School Cl					
Elementary District Re	esponsible for Re	eimbursing the	Contract		Соц	inty		Legal Entity		
	»:									
High School or K-12 D	District Responsi	ole for Reimbul	sing the Con	tract	Cou	,		Legal Entity		
K-G H S Is this contract share	red hetween e	lementary an	d high scho	nl?	Hil	I		1209		
□ yes □ no	ca between e	icinicinally air	a riigir sono	or:						
Are you applying fo (If yes, please attact ISOLATION: Section rates for special circur	ch explanation 20-10-142, MC/) A, provides for	□ No	mbursement	Student I	Name	School	Grade		
increased rates, indivi- trustees of the district, Public Instruction. (10	dual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and th	oproved by the	Student I		School	Grade		
Check here only if incomplished Trustees and t		sportation Com		pproved by the	Student I		School	Grade		
Elem District Approval HS District Approval	•	□ no			Student I	Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Only	y Both Semesters		
Don & Leslie Ha		anlı ():			Pre-kindergarten/Kindergarten					
Physical Address (s	sireet address	Offig).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home Elementary 0 Distance from home Elementary 0	HS 13.5 e to nearest bu HS 4.5	·	• /		by this c To or froi To or froi Kinderga To or froi	ontract: m Bus Stop m School arten child ride m Bus Stop	times per day, _ times per day, _ times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week		
☐ Contract is for o	• •	the students to b	e covered by th	is contract.	Deadli	nes:				
	Pre-K	К	1-8	9-12	PARENT	S: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.					
Room & Board					REIMBURSEMENT RATE					
Correspondence							trict, county and OPI			
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20 10 142, 11071.			
Agreement between	n parent (pare	nt name)						······································		
insured driver will 2. In March and June	ansport or provide transport the stude e, the District shall p	nts. Mileage conf	the student(s) to	only when transportation	or bus stop on the da on for the distance re	ys when school is in ported on the contra	n session. The parent or guard ct actually occurs.	ian assures that a licensed and mber of days the student(s) was		
	be computed on the			ned in Section 20-10-1						
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled Elementary School District Chair, Board of Trustees						whichever occurs fir	ol.	Date		
High School District Chair, Board of Trustees K-G H S								Date		
			I attes	t that the above	information is tru	ue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 20	2501 Γ 59620-2501		School Year 2004- 2005 Due to School Clerk June 1				
Elementary District Responsi	ble for Reimbursing the Co	ontract	County	·	Legal Entity		
High School or K-12 District F	Responsible for Reimbursi	ng the Contract	County		Legal Entity		
K-G H S			Hill		1209		
Is this contract shared be ☐ yes ☐ no	tween elementary and	high school?					
Are you applying for isola (If yes, please attach expl	anation)	□ No	Student Name	School	Grade		
ISOLATION: Section 20-10- rates for special circumstance increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116)	es of isolation of residence cumstances must be revieuntly transportation commi	e. In order to receive ewed and approved by the ttee, and the Office of	Student Name	School	Grade		
Check here only if increased District Trustees and the Cou	payment due to isolation h	nas been approved by the	Student Name	School	Grade		
Elem District Approval	Initia		Student Name	School	Grade		
HS District Approval			THIS CONTRACT IS FOR:				
Parent or Guardian Name	e: (Please Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Percy & Laurie Nord	rum		Pre-kindergarten/Kinder				
Physical Address (street a	address only):		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Distance from home to nearest school (one way) Elementary 0 HS 13 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 13 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 13 Contract is for one-way only Kindergarten child rides with other school-age students also cove by this contract: To or from Bus Stop times per day, days per were times per day,							
Students in Each Grade Level - O	nly include the students to be	covered by this contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1			
	re-K K otal Total	1-8 9-12 Total Total	CLERKS: Send origina		/ 1, retain a copy for your		
Regular Trans			files.				
Spec. Ed. Trans			COUNTY SUPERINTENDENTS: Send original to OPI by July 10, recopy for your files.				
Room & Board				EIMBURSEMENT RA trict, county and OPI			
Correspondence Reg.							
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							
Agreement between pare	nt (parent name)		, and school district (dist	rict name)	,		
insured driver will transpor In March and June, the Distransported for the past se The payment shall be com	t the students. Mileage contra strict shall pay the parent the s mester. puted on the basis of the sche	e student(s) to and from the scr cts are valid only when transporum officially approved in the app dule established in Section 20-	nafter referred to as the District(s). hool or bus stop on the days when school is in ritation for the distance reported on the contra plication upon certification by the teacher or p 10-142, MCA, and the information accompany onger enrolled in school, whichever occurs fire	n session. The parent or guardi ct actually occurs. rincipal of the school of the nun ying this contract.			
Elementary School Distric					Date		
High School District K-G H S	Chair, Board	l of Trustees			Date		
		I attest that the above	ve information is true and correct.				
Signature - Parent or Guard	lian			Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Cler	k June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract		County	/		Legal Entity	
K-G Elem					Hill			1208	
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract	County	/		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u> </u>			<u>'</u>	
Are you applying for i			□ No		Student Na	me	School		Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	Otadent Na	THC .	GCHOOL		Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Student Na	me	School		Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Student Na	me	School		Grade
Elem District Approval HS District Approval	□ yes □		itials		Student Na		School		Grade
		no			THIS CON Grades 1-1	<u>rract is fo</u> 2	<u>DR:</u>		
Parent or Guardian N	iame: (Pieas	e Print)			□ 1st Sem	ester Only	□ 2nd Semester Only	/ □ Both Semes	ters
Kyle & Kodi Pete Physical Address (str	rson eet address	only):				arten/Kinder ester Only	garten □ 2nd Semester Only	/ □ Both Semes	ters
Distance from home Elementary 21 Distance from home Elementary 13 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only el - Only include Pre-K Total	s stop, if any	y (one way) De covered by this 1-8 Total	KINDERGA Kindergart by this cor To or from To or from Kindergart To or from To or from To or from COUNTY CO	ARTEN/PREI en child ride itract: Bus Stop School en child ride Bus Stop School Due to Sch Send origina Superinten ur files. Reimbi	times per day,times per d	days pe	covered r week r week r week r week or your	
insured driver will tra 2. In March and June, t transported for the pi 3. The payment shall be 4. This contract shall te Elementary School D	: sport or provide t nsport the studer he District shall past semester. e computed on th rminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred to as the or bus stop on the days on for the distance repor	when school is inted on the contrary the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	an assures that a license	
K-G Elem High School District		Chair, Boa	ard of Trustee	es				Date	
-		<u> </u>							
Signatura Boront co	Luardian		I attest	that the above	information is true	and correct.	Date		
Signature - Parent or G	uardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School Cle	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cour	nty	<u> </u>	Legal Entity	
K-G Elem					Hill			1208	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Cont	tract	Cour	nty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student N	ame	School		Grade
(If yes, please attack ISOLATION: Section 3	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and ap	oproved by the	Student N	ame	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of					
Check here only if incre				proved by the	Student N	ame	School		Grade
District Trustees and th	ne County Trans		nmittee. itials		Student N	ama	School		Grade
Elem District Approval HS District Approval		□ no □ no							Grade
County Approval	,	no Driet)			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian					☐ 1st Ser	mester Only	☐ 2nd Semester Only	y 🗆 Both Se	mesters
Todd & Margare Physical Address (s	t Donoven	only):				rgarten/Kinder		- D # 0	
1 Hysical Address (s	ii cci addi css	Offig).			□ 1st Ser	nester Only	□ 2nd Semester Only	y ⊔ Both Se	mesters
							KINDERGARTEN: es <u>with</u> other school-a	age students a	Iso covered
Distance from home Elementary 8	to nearest sc HS 0	hool (one wa	ay)		by this co	ntract:	· · · · · · · · · · · · · · · · · · ·	_	
·					To or from	n School	times per day, _ times per day, _	day	s per week
Distance from home Elementary 5	to nearest bu HS 0	is stop, if an	y (one way)		Kinderga	rten child ride	es without other scho	ol-age studen	ts:
☐ Contract is for or	ne-wav only				To or from	School	times per day,times per day,	day	s per week
Students in Each Grade Le	, ,	the students to I	be covered by thi	is contract.	<u>Deadlin</u>				
	Pre-K	K	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by July	y 1, retain a co	oy for your
Regular Trans									
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain copy for your files.				
Room & Board						RF	EIMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parer	nt name)			, and scho	ol district (dist	rict name)		,
(county name)			(Countv. hereinat	ter referred to as	the District(s).			
The parties agree as follow		ransportation fo		-			session. The parent or guard	ian assures that a li	censed and
In March and June,	the District shall p				on for the distance repo ation upon certification		ct actually occurs. rincipal of the school of the nui	mber of days the stu	dent(s) was
	be computed on the				142, MCA, and the infor er enrolled in school, wh				
Elementary School I			ard of Truste		5554 III 5011001, WI			Date	
K-G Elem High School District		Chair, Boa	ard of Truste	es				Date	
			1 -11	4.4b.a.4.4b.c !:	information to t	· ·			
Signature - Parent or	Guardian		I attes	t that the above	information is true	e and correct.	Date		
orginature - Farent Of	Juai uiaii						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	e to School Clerk	lune 1				
Elementary District Res	sponsible for Re	imbursing the	Contract		County		l	Legal Entity		
K-G Elem					Hill				1208	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County			Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?						
Are you applying for			□ No		Student Name	Sc	hool		Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otadon Name		11001		Oraco	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Student Name	Sc	hool		Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	Sc	hool		Grade	
Elem District Approval HS District Approval	□ yes □	□ no	itials		Student Name		hool		Grade	
County Approval Parent or Guardian 1		□ no □ Print)			THIS CONTR. Grades 1-12	ACT IS FOR:				
	•	e i iiii)			☐ 1st Semest	er Only 2nd S	Semester Only	□ Both Ser	mesters	
Travis & Maria B Physical Address (st		only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home Elementary 21 Distance from home Elementary 12 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	Kindergarten by this contra To or from Bu: To or from Bu: To or from Bu: To or from Scl County Sur Copy for your f	s Stoptin nooltin child rides withou s Stoptin nooltin nooltin fue to School Clerk and original to Count PERINTENDENTS: illes. REIMBUR (For district, cou Reimbursement 20-10	ther school-agenes per day,	days days days l-age student days days days	per week per week s: per week per week per week	
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall past semester. pe computed on the erminate at the en	ransportation for the substitution for the parent the parent the basis of the substitution of the school of the sc	r the student(s) to tracts are valid o e sum officially al	County, hereinal of and from the school only when transportation of the application of th	, and school di fter referred to as the or bus stop on the days whe on for the distance reported ation upon certification by the 142, MCA, and the informatic er enrolled in school, whicher	District(s). In school is in session. The contract actually or teacher or principal of the companying this contract.	he parent or guardian ocurs. e school of the numb	n assures that a lic		
High School District Chair, Board of Trustees								Date		
I attest that the above information is true and correct.										
Signature - Parent or	Guardian		i allosi	. that the above	omadon is true an	Date				
-										

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962	0-2501		to School Clerk June 1						
Elementary District Responsible for R	eimbursing the Contrac	t	County	Legal Entity					
K-G Elem			Hill	1208					
High School or K-12 District Responsi	ible for Reimbursing the	Contract	County	Legal Entity					
K-G H S			Hill	1209					
Is this contract shared between e □ yes □ no	elementary and high	school?							
Are you applying for isolation star (If yes, please attach explanation)		Student Name S	School Grade					
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. In onces must be reviewed a sportation committee, a	rder to receive and approved by the and the Office of	Student Name S	School Grade					
Check here only if increased payment District Trustees and the County Tran	t due to isolation has be	,	Student Name S	School Grade					
Elem District Approval ☐ yes HS District Approval ☐ yes	Initials no no	_	Student Name S	School Grade					
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters						
Dallas & Janet Donoven	I. A.		Pre-kindergarten/Kindergarten						
Physical Address (street address	only):		☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters						
Distance from home to nearest selementary 0 HS 18.5 Distance from home to nearest beliementary 0 HS 4.5 Contract is for one-way only students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one v	d by this contract.	by this contract: To or from Bus Stop To or from School Kindergarten child rides with To or from Bus Stop To or from School Deadlines: PARENTS: Due to School Clean CLERKS: Send original to Countiles. COUNTY SUPERINTENDENTS copy for your files. REIMBU (For district, countiles)	cimes per day, days per week days per day, days per week days per day, days per week days per week days per week					
Agreement between parent (parent name)									
Elementary School District K-G Elem	Chair, Board of T	rustees		Date					
High School District K-G H S	Chair, Board of T	rustees		Date					
I attest that the above information is true and correct.									
Signature - Parent or Guardian Date									

Address, City, Zip Code Phone Number